



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 6479

SERIAL NUMBER 09/475,548	FILING OR 371(c) DATE 12/30/1999 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. M-7891-US
-----------------------------	--	--------------	------------------------	-------------------------------------

**APPLICANTS**

JEFFREY STEWARD, TEMECULA, CA;  
 BRANDON GOSIENGFIAO, SAN JOSE, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

*none*  
*Signature*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none*  
*Signature*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/10/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Signature</i>	Examiner's Signature <i>Signature</i>	Initials		

**ADDRESS**

Cameron Kerrigan  
 SQUIRE, SANDERS & DEMPSEY L.L.P.  
 One Maritime Plaza  
 Suite 300  
 San Francisco, CA94111-3492

**TITLE**

MEDICAL ASSEMBLY WITH TRANSDUCER FOR LOCAL DELIVERY OF A THERAPEUTIC SUBSTANCE AND METHOD OF USING SAME

FILING FEE RECEIVED 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------	---	---